

## Form F250A: Telework Program Acknowledgement Form

Employee Name \_\_\_\_\_

Employee ID Number \_\_\_\_\_ Job Title \_\_\_\_\_

Employee Agency/Division \_\_\_\_\_

Employee Home Address \_\_\_\_\_

1. I agree to follow the State Office Telework Policy Y N

2. My weekly telework schedule

Work Days of the Week	Please write "telework" next to the days you telework	Work Hours (i.e. 8 am – 5 pm)
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

3. My supervisor will maintain an official copy of my work schedule. I agree to make arrangements in writing to my supervisor if I need to deviate from this schedule.

4. I will use appropriate leave as outlined in DHRM rule.

5. I acknowledge that I will comply with all Enterprise Information Security Policies outlined by the Department of Technology Services and/or my agency/division.

6. I acknowledge that I am required to attend any in-office meetings or other activities as requested by my supervisor.

7. I will provide any information related to performance metrics, surveys, or other data that may be required.

8. I will provide and updated agreement to the DAS Executive Director's Office if my performance metrics, work/home location, or schedule changes.

9. I understand that my supervisor or other authorities at the State may monitor my activities.

10. I acknowledge that I have the responsibility to maintain safe working conditions at my home or approved alternative work site. I will immediately report to my supervisor and/or my DHRM representative any accident or injury occurring at my alternative work site. \*\*

\*\*An employee's injury may or may not be covered under the State Worker's Compensation employee coverage.

11. I agree to proactively communicate frequently with my supervisor in the supervisor's preferred method of communication.

12. I will plan to do any photocopying, paper mailing, or other duties incurring a cost either at the office or with my supervisor's approval.

13. I will use approved safeguards to protect state records from unauthorized disclosure, damage, or release of confidential business information and to comply with all requirements set forth by the agency and State laws, rules, policies, and regulations.

14. I will notify my supervisor if the address of my alternative work site changes.

15. I will provide a picture of my alternative site workspace and submit to my supervisor. That picture will be attached to this agreement and uploaded to my UPM.

16. I agree that I will not conduct any unauthorized personal business including but not limited to dependent care, elderly care, home repairs, other business activities, while in official duty status. I will make arrangements for any necessary dependent care and other personal responsibilities so as to ensure that I can work without interruption.

17. I agree that I will complete the training required for participation in this program.

18. I understand that by participating in teleworking, I relinquish an assigned working space. I will remove all personal belongings from my previously assigned space within two weeks of the date I begin teleworking.

19. I understand that when I work in designated in-office location, I will be working at a station not assigned to me but with the necessary plugins for me to do my work.

20. I understand that I am responsible for the state owned equipment housed in my alternative work site and that that equipment will be inventoried periodically.

21. I understand that my performance will be evaluated by UPM performance plan and by the following performance metrics.

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**Baseline:**

I have read and understand all the provisions of the agreement and I agree to abide by them. I understand that if I fail to comply to the terms of this agreement, I will be subject to disciplinary action and that my participation in this telework agreement may be revoked.

Employee Signature \_\_\_\_\_

Supervisor Signature \_\_\_\_\_

Agency Head/Designee \_\_\_\_\_

Date employee approved to begin telework: \_\_\_\_\_